

Beyond Bleeding: Healing

Medical practitioners traditionally treated wide and often unrelated bodily ills by bleeding the patient. At best, this technique was irrelevant; at worst, it killed the patient; and, inevitably, it delayed recovery. It was not until doctors began to keep case histories that the fallacy of bleeding became widely known, and it was not until medical researchers learned other techniques and antibiotics were discovered that experiments were made with different methods of treatment. Meanwhile, everyone suffered. Even the physicians often caught their patients' ailments.

In politico-military affairs, we are still at the bleeding stage. Bombing, assassination, torture, invasion and violent overthrow result not just in the destruction of governments but also in the weakening or severing of the delicate fibers of civic organization. At best the technique is irrelevant; at worst, it kills the patient; and, inevitably, it delays recovery. We keep few case histories, and those we keep are seldom read by practitioners. Social scientists have not discovered the political equivalents of antibiotics. Indeed, in political affairs such contrivances probably do not exist. So we keep on bleeding.

A second practice also evolved in medical practice. Providing shelter, giving the patient a good diet, enabling him to rest and not subjecting him to further traumas was not so dramatic as bleeding, but it did less damage and sometimes produced an acceptable result.

In my book *Crusade and Jihad: The Thousand-Year War Between the Muslim World and the Global North*, which the Yale University Press published last month, I laid out "case histories" of Chinese, Russian, Western European, British and American imperialism and colonialism and the resulting traumas in Africa and Asia. In that book, I also showed how in the aftermath of these violent actions, what I call the "post colonial syndrome," freedom fighters often became terrorists, guerrilla armies turned into tyrants and leaders of liberation mutated into war lords. I show how they wrecked countries, destroyed even the material benefits of imperialism and led to misery, hunger, disease and flight of masses of people. This month in my Henry L. Stimson lectures at Yale University, I analyzed what we are doing in our attempt to cope with the post colonial syndrome.

What we are doing is literally bleeding the patient. That action perpetuates the trauma of war; it spreads the reaction of terrorism; and it ultimately will infect the practitioner. Consider three cases: when the bleeding stopped, Vietnam recovered; when the bleeding hit the jugular vein, Iraq died; when the bleeding of Afghanistan infected the practitioner, the Soviet Union fell apart.

What do these analogies suggest we do?

First, we must admit that we have no political “antibiotics,” no miracle drugs, no “heroic” cures. In politics we deal with an imperfect world in which the body politic is complex in character and unstable in practice. Evolution is inevitable but the direction it takes is affected by what is done to it as well as what it is impelled to do by its nature.

Second, we need to construct “case histories.” If we see that what we have done works, we need to analyze both the issue “treated” and the technique used. To be beneficial, each case history must be as exact as we can make it and not simply reduced to slogans or catchwords or airbrushed to satisfy our preconceptions or vanities.

If what we have done fails, the need for an honest appreciation is even more necessary in order to ascertain the reasons for failure and the costs of application.

And, more important, meticulous case histories must be required reading for practitioners. They must accept that the present begins with and is anchored in the past. Just as medical practitioners begin by noting what led to present conditions, we cannot, even with clever policies and massive outlays, solve problems we do not comprehend. To achieve our own objectives, we must take the time to achieve the necessary minimum understanding.

Third, during the time it takes to make these analyses and as they slowly become accessed by our leaders, we must follow the wisdom of medical practitioners in calling at least a temporary halt to such failed and self-defeating techniques as the bleeding of the body politic and the lobotomy of its leadership. Hippocrates advised medical practitioners: “first, do no harm.” His admonition holds also in foreign affairs strategy.

And, finally, fourth, we need to experiment with what in social affairs amounts to the un-heroic or gradual form of assisting or allowing the healing process to begin. Such a policy

would be, at worst, unproductive; usually, it will be more efficacious or at least less costly than what we are now doing; and, at best, it will prove to be ameliorative.

This policy must be flexible and adaptive. There is no single cure-all. But, as in medical practice, there are guidelines on what is acceptable and what is not. Good medicine takes for granted not abusing the patient but rather helping him to heal himself both physically and psychologically. Applied to political affairs, that means both helping to alleviate the pain of poverty and oppression and not humiliating or denigrating the recipient.

This is not an impossible task nor is it just a dreamed-up theory. It is precisely what was done to the Jewish victims of Nazism. Healing the Holocaust required material assistance, sympathy and confession of guilt. These have been poured out, as they should have been, generously. That case history is well known. In another effort, the wartime destruction of Europe was addressed in the then massive Marshall Plan. With adaptations to fit other cases, these efforts can reasonably be adopted as models to treat the damages of imperialism and colonialism.

Nor are the damages of imperialism and colonialism less real than the Holocaust. I cite example after example in *Crusade and Jihad*. In its rule of the Congo, the Belgians killed about three times as many natives as the Nazis killed Jews and Roma. In Algeria, the French drove down to poverty, tortured, imprisoned in concentration camps or killed a whole nation. In Turkish Asia, the Russians even effaced grave stones and recast languages to wipe away national memories. In Central Asia, the Chinese engaged in genocide.

Expensive, a policy of healing will be, but it will cost far less than current policies. Realistically, it won't solve all problems, but it will help to solve many. And, if applied soon, generously and acceptably, it will prevent the growing dangers of the current practice from infecting the practitioners, us, and so corrupting our most cherished ideals, our pursuit of happiness and our freedom from fear. It seems to me that even short of a dedication to humanity, prudence and self-interest argue that it should be tried.

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February 21, 2018